



**BOBBY JINDAL**  
GOVERNOR

# State of Louisiana

OFFICE OF THE GOVERNOR

Recreational and Used Motor Vehicle Commission



**JOHN M. "JACK" TORRANCE**  
EXECUTIVE DIRECTOR

## EDUCATIONAL TRAINING SEMINAR REGISTRATION

(Please print or type)

Trade Name of Business \_\_\_\_\_

Ownership \_\_\_\_\_ LRUMVC License # \_\_\_\_\_

Physical Address \_\_\_\_\_  
(Street, City, Parish and Zip Code)

Mailing Address \_\_\_\_\_  
(If different from Physical Address)

Business Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Fax # ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Person Attending: (A separate registration form must be completed for each person attending.)

\_\_\_\_\_  
(Name and Title)

**Contact June Powell at 225-405-4876 (cell) - 225-637-2582 (fax)**

(Do not write below this line!)  
FOR OFFICE USE ONLY

Course Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate Mailed: Date \_\_\_\_\_

Certificate Number: \_\_\_\_\_

**Recreational and Used Motor Vehicle Commission**  
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